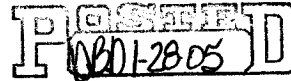


FORM C-AC



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

OFFICE # (803) 896-5191

FAX # (803) 896-5129

CLASS C - CHARTER BUS 2005-21-T DATE January 13, 2005

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Roger Garum d/a

Garden City Limousine Service

2. (a) Street Address of Applicant 1739 Gordon Hwy

Augusta, Ga. 30904

(b) Mailing address, if different from street address _____

(c) Telephone Number (706) 414-0883 SS No _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier


(Applicant)

Date: January 13, 2005

(Applicant's Representative)

Owner _____
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Roger Garvin DBA Garden City Limousine Service
(Name of Motor Carrier)

1739 Gordon Hwy, Augusta, GA 30904
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 4,687.⁰⁰

The above quoted premium is for a term of 12 months.

Minimum Limits: 16 or more passengers - 25,000/300,000/10,000
(Intrastate Only)

National Indemnity Company
(Insurance Company Name)

3024 Harney St, Omaha, Nebraska 68131
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-11-04
Date

Wagner H. Budel
(Authorized Insurance Company Representative)

****** Form E Certificate of Insurance is required to be filed with the Public Service Commission of South Carolina**

EXHIBIT FWA

Garden city limousine service

Name: _____

U.S.D.O.T. No. _____

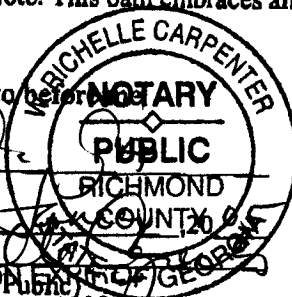
ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No x Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No x
3. Are there currently any outstanding judgement(s) against Applicant?
Yes _____ No x
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?
Yes x No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes x No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Roger Garvin, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Sworn to before me
At Augusta
This 16 day of August, 2008
MY COMMISSION EXPIRES
SEPTEMBER 29, 2008




(Applicant's Signature)

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Roger Garvin
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

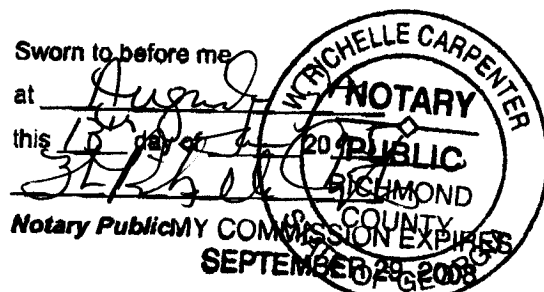
I, Roger Garvin, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

[Signature]
Signature of Applicant
(Not Legal Representative)

Sworn to before me

at

this



COMMISSION EXPIRES
SEPTEMBER 29, 2008